

UNDERTAKE PRACTICAL MEASURES TO CONTROL SYPHILIS
IN RURAL AREAS

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(IN WRITING)

Chicago, Nov. ____ (By The Associated Negro Press) Considerable interest has been shown in and importance attached to the program being conducted in six southern states for the care and control of Syphilis by the United States Public Health Service with the co-operation of the Rosenwald Fund.

The report from Mississippi, which was the first state in which the work was carried on, showed that state and county health officers, the large employers of labor and Negroes have each made sacrifices to insure the success of the demonstration and to prove that the difficulties in securing adequate treatment for Syphilis, among Negroes, can be overcome provided public authorities are interested and funds are available. That the Negro workers were interested in this important public health question was indicated in the large number of individuals who returned for succeeding treatments.

The program was launched when it was realized that the actual facts on the prevalence of syphilis were scant. An opinion expressed by Dr. Paul S. Carey, member of the Field Staff International Health Division of the Rockefeller Foundation, who has studied the problem, was "The prevalence of syphilis in apparently healthy Negroes is a subject on which there is little precise information. Estimates as to the infection rate in this race vary widely. No large series of accurately studied cases has been reported."

The opinion was confirmed by other health authorities and six southern areas, including Mississippi, Alabama, Georgia, Tennessee, and North Carolina, were selected for the experiment. Opportunities for blood tests for syphilis were offered to the population and facilities for good medical treatment furnished for at least one year. Careful records will be kept. It is estimated that the cost of the experiment will be more than \$100,000 of which half will be contributed by the Rosenwald Fund and half by states and localities in which the work is carried on.

The United Public Health Service is directing the experiment in co-operation with the State Department of Health of the states concerned and the officers of the counties selected as demonstration areas. Assistant

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Surgeon General of the United States Public Health Service, Taliaferro Clark, who is also Consultant on Negro Health for the Rosenwald Fund, C. and by Dr. G. C. Wenger, director of the Venereal Disease Clinics operated by the United States Government at Hot Springs, Arkansas, are associated with the studies.

One of the most significant features of the work in Alabama is the employment of a Negro physician and Registered Nurse, as members of the staff of the county health unit. This unit is under the direction of Dr. Eugene Miller, a native of Alabama, and his assistant is Dr. G.C. Davis, a prominent Negro physician. Commenting upon Dr. Davis' work, Dr. Miller said:

"We have been much gratified and pleased with the results obtained by Dr. Davis and the plan is for him to attend the Government Clinic. I am glad he will have this opportunity to go there for observation and further training, and I am sure that his services will be of larger value to his people and to the county and state."

The Hot Springs Clinic is conducted annually and during the past years, according to reports, a large number of Negro physicians have availed themselves of the opportunities offered. It is hoped and believed that a larger number will attend this year, especially from Southern States.

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PRACTICAL MEASURES ORGANIZED FOR THE CONTROL OF
SYPHILIS AMONG NEGROES IN SOUTHERN RURAL AREAS

Paul S. Carley, M.D., Member of Field Staff International Health Division, Rockefeller Foundation, New York, and C.C. Wenger, M.D., Acting Assistant Surgeon, United States Public Health Service, Hot Springs National Park, Arkansas, in a paper printed last spring in the Journal of the American Medical Association wrote: "The prevalence of syphilis in apparently healthy Negroes is a subject on which there is little precise information. Estimates as to the infection rate in this race vary widely. No large series of accurately studied cases has been reported."

Appreciating that syphilis presents one of the most serious public health problems that knowledge concerning its exact prevalence and distribution is scanty, and that facilities for its care and control are practically lacking in rural areas, the Julius Rosenwald Fund undertook to cooperate with public health authorities in a series of studies and practical demonstrations in rural areas in six southern states. Rural areas in Mississippi, Alabama, Georgia, Tennessee and North Carolina have been selected and a site in one other southern state will be determined later. These areas will be such as include a large proportion of Negro population.

Opportunities for blood tests for syphilis will be offered to the population and facilities for good medical treatment furnished, the experiment being planned for at least one year all careful records being kept. It is estimated that the expense will amount to over \$100,000 of which half will be contributed by the Fund and the remainder by the states or localities. The U. S. Public Health Service directs these experiments in cooperation with the State Department of Health of the state concerned and the officers of the

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counties selected as demonstration sites. The U. S. Public Health Service has been represented in the studies by Assistant Surgeon General Taliferro Clark, who is also Consultant for Negro Health to the Julius Rosenwald Fund, and by Dr. J. C. Menger, in charge of the Venereal Disease Clinics operated by the United States Government at Hot Springs, Ark., Mo., etc.

A recent report from Mississippi, the first state in which the work began, shows a complete willingness to cooperate in measures to reduce the serious economic and social loss occasioned by the reduced efficiency and loss of a feeling of well being which follow uncured cases of syphilis.

The report shows that state and county health officers, the large employers of labor, and Negroes themselves, have each made sacrifices to insure the success of the demonstration and to prove that the difficulties in the way of securing adequate treatment for syphilis in Negroes can be overcome provided the public authorities are interested and funds are available. A surprising feature of the report was the relatively large number of cases returning for succeeding treatments.

A significant feature of the Alabama demonstration is the employment of a Negro physician and nurse as members of the staff of the county health unit. This unit is under the direction of Dr. Eugene Miller, a native of Alabama who states the services of Dr. Davis have been entirely satisfactory. Dr. Davis will be one of several Negro physicians who will have the opportunity to spend a month in training in the treatment of venereal disease at the U. S. Government Clinic at Hot Springs, Arkansas, the course being under the direction of the U. S. Public Health Service. Commenting on Dr. Davis' work, Dr. Miller stated: "I am glad that he will have the opportunity to go to Hot Springs for observation and further training. I feel sure that his services will be of larger value to his people, and to the county and state."

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	11/6/50	EDE	
	Harris		

Remarks:

E. R. E.

I plan the attached for the first of several releases to the Negro Press concerning our syphilis demonstrations. It seems important to have these presented in a way which will minimize the risk of misunderstandings. I have been over the whole subject with Mr. Barnett of the Associated Negro Press.

Harris has prepared the attached with slight revision from me. There will probably be another release ready in a month containing some facts and also field reports.

Do you think this plan is all right or have you any suggestions?

M. E. D.

I think the plan is fine. The specific release comes from the Bureau in substance and news official but might Barnett can put it through his press channel.

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Chicago, Illinois -----

The study of methods in the mass control of syphilis among Negroes in Mississippi is disclosing conditions which may account for the high Negro health ratios currently reported,* says a recent report to the Julius Rosenwald Fund from a field representative after a visit to the Scott Mississippi experiment in the mass control of syphilis. This experiment is jointly financed by the Julius Rosenwald Fund and the Delta and Pine Land Company of Scott, Mississippi, reportedly the world's largest producer of staple cotton.

The Mississippi State Board of Health has broken with the traditional policy of the public to avoid any mention of syphilis; a policy which, according to Dr. C. C. Wengen in charge of the venereal disease clinic of the United States Public Health Service at Hot Springs, is followed by the majority of state and local health officers. The Mississippi State Board of Health is now cooperating with the Delta and Pine Land Company of Scott, Mississippi to discover the exact number of cases of syphilis in the thousands of Negro employees scattered over some forty thousand acres of land, and to check the results of one year's free treatment of those who voluntarily report for treatment.

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Long accepted beliefs concerning the unwillingness of Negroes to return to a clinic for treatment and unanticipated hostility of southern health officials to the idea that Negro health is a definite part of their responsibility were resoundingly disproven by the facts as呈现. Notwithstanding the handicaps of poor roads and the physical discomfort involved, a large number of patients completed the entire course of twenty-four treatments. As indicative of the attitude of the local white staff of physicians and a nurse, each clinic appointment was met, although on the occasion of a particularly severe storm only one patient met the physician and nurse.

The report concluded that effective work on the mass control of syphilis in the South is not possible until better facilities are provided for the delivery of complete routine physical examinations which will prevent the recurrence of new infections or those which have been hastened where sufferers from tuberculosis and diseased kidneys have been given routine treatment for syphilis. Attention is called to the fact that it will be idle to undertake the task of providing facilities for syphilis control without provision for the hospitalization of those cases requiring hospital care, the extension of health teaching to Negroes in terms which they can understand and by people in whom they can safely trust. Inadequate information as to the economic status of the families studied is difficult because of the fear that

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such information may reveal large numbers of cases in which the tenant farmer fails to receive his just share of crops raised, which dishonest practices result in over and double charges for the advances made by the land owner. The report stresses the necessity for an impartial study of the economic and social background of such Negro families and for the examination of a sufficiently large body of rural Negroes to establish just what is the normal picture of physical development and the extent and character of physical defects and plans for providing hospital playground, day nursery and other care for the neglected Negro populations in rural southern areas.

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Eds. Wren's paper
is copied

M.L.W. - Keep on file in
connection with the
plan for a news release
after publication of the
new book

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(141)

The Public Health aspect of Syphilis in the Negro Race in Certain Southern Counties.

Surgeon G.C. Cooper, U.S. Public Health Service,
Doctor H.W. Nichols, Epidemiologist, Mississippi
State Board of Health.

The object in presenting this paper before the Public Health
Section of the Southern Medical Association at this time is fourfold:

1st. to demonstrate that syphilis is a major public health
problem of certain of our southern counties;

2nd. that it is possible to uncover, by a Karsmann survey,
all cases of syphilis showing a positive serology, which is the most
important group from a public health standpoint;

3rd. that the control of these cases, by organized treatment,
is not only possible but practicable in the rural communities;

4th. that this plan of syphilis control is a legitimate
function of the County Health Unit and may be readily incorporated
into the usual program.

A. Demonstrations.

The Julius Rosenwald Fund, the State health officers of Mis-
sissippi, Alabama, Georgia, North Carolina and Tennessee; the local
county health units in which these demonstrations are being carried
on, and the Division of Venereal Diseases, of the U. S. Public Health
Service are co-operating in these studies.

B. Principles of Control.

(1) The state health officer selects the county.

Read before the Public Health Section of the Southern Medical
Association, Birmingham, November 13th - 14th, 1943.

- (1) The county selected had a full-time county health unit, willing to cooperate.
- (2) The county had a Negro population sufficiently large in number to assure a reasonably good cross section of this group.
- (3) The plan was endorsed by the local medical society in each county.
- (4) The State Board of Health or some other organization assumed responsibility for half of the budget.
- (5) The Julius Rosenwald Fund assumed responsibility for the other half of the budget.

III. Procedure

(1) Organization of Staff

A staff consisting of a clinician and one or more nurses, depending upon the scope of the program, was organized. In one instance, a clerk was added to the staff.

(2) Preparation

The plan was outlined before the different county medical societies and personally with the individual members when possible. The county officials were then approached and later the land owners and influential residents, both white and colored, were interviewed. The Negro population was addressed in public meetings, after church services and in the schools. Negro teachers and ministers were appointed leaders to explain the program to their own group. Handbills were distributed in the rural sections, showing time and place where the preliminary measurements would be taken. The county superintendent of schools made the necessary arrangements so the children could be reached.

(c) Specimen collection

The specimens were collected from the assembled groups in churches, school houses, and country stores. The first 5,000 specimens were taken with Buer springs, but this proved unsatisfactory and quite expensive. The remaining 45,000 specimens were collected by the Aridell tube method, which is in every way superior. Each specimen taken was marked with a serial number and the patient's initials. All specimens collected were forwarded to the State Board of Health laboratory for examination. Each state was permitted to use its own particular method of Wassermann technique because it was felt inadvisable to make any changes or insist upon any one particular method of examination.

Only positive results were considered, 1, 2, 3 and 4+ cases being alike considered positive. The positive cases were then informed by mail, through a form letter, that their blood was "bad" and they were requested to report on a certain day and given hour for a second Wassermann and physical examination. All age groups and both sexes of unselected groups were studied in all five demonstrations.

(d) Physical examination

Physical examinations were made in the field at churches or school houses. Examination included heart, lungs, skin, reflexes, teeth, throat, blood pressure, weight and urine analysis. All findings were made a matter of record, using a standard form of history sheet. A second Wassermann was taken for recheck.

III. Organization of clinic

In three of the five demonstrations a central clinic

was organized in the county seat, either in the same building occupied by the County Health Unit or in an adjacent building. Field clinics were organized at strategic points throughout the county that the patients might receive their treatment more conveniently and with less loss of time from work.

IV. Treatment

A course of treatment for one year was outlined, which consisted of three courses each of eight doses of neo-arsphenamine, starting with 0.2 grams as the initial dose and gradually working up to 0.6 grams, giving one dose per week. Each patient was to receive approximately 24 doses of neo and 200 mercury inunctions for the year's treatment.

Mercury was administered by the inunction method. A course consisting of 35 inunctions was given. Each inunction contained 15 grains of metallic mercury and the patient received 6 doses per week. The mercury was massaged into the skin of the abdomen and back of the patient by the use of a specially devised belt. Rest periods were permitted between each course of treatment. Urine analysis was checked once per month. Wassermann checks were made after each rest period. Only cases showing a second positive Wassermann, which served as a check on the first are considered in this study.

VI. Results of Lassermann Survey

(1) Definition

There were five counties studied in Mississippi, with a total Negro population of 100,324. The Wassermann survey covered

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nine per cent of this group. All of the counties studied are classified as agricultural, with cotton as the principal product.

The total number of Wassermanns taken was - - - - - 2,753
" " " Negative - - - - - 7,787
" " " Positive - - - - - 1,956 2,753

The ratio of positive Wassermanns was 30 per cent.

(a) Alabama

The survey in Alabama was limited to approximately one fourth of the area of the entire county. This is considered an agricultural community, with cotton as the principal product. The colored population of the entire county is 20,000. The Wassermann survey covered 18 per cent of the total population.

The total number of Wassermanns taken was - - - - - 2,624
" " " Negative - - - - - 5,910
" " " Positive - - - - - 1,474 2,624
The ratio of positive Wassermanns was 25 per cent

(b) Georgia

The survey in Georgia was limited to one entire county, which is an industrial community, with practically no agricultural population. The total Negro population of the county is 6,000 and the Wassermann survey covered 70 per cent of the entire Negro population.

The total number of Wassermanns taken was - - - - - 5,775
" " " Negative - - - - - 4,567
" " " Positive - - - - - 1,518 5,775

The ratio of positive Wassermanns was 48 per cent.

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(4) North Carolina

The survey in North Carolina was limited to one county where the principal agricultural product is tobacco. The total Negro population of the county is 54,000. The Lassermann survey covered 45 per cent of the total Negro population.

The total number of Lassermanns taken was - - - - -	<u>10,186</u>
" " " Negative - - - - -	<u>8,985</u>
" " " Positive - - - - -	<u>1,201</u>

The ratio of positive Lassermanns was 12 per cent.

(5) Tennessee

The survey in Tennessee is limited to one county, where agriculture is the principal pursuit. The work started October first, 1930 and reports on less than one thousand Lassermanns have been received. The total Negro population is given at 10,000 and 3 per cent of the total population have been reached up to date.

The total number of Lassermanns taken to date - - - - -	<u>651</u>
" " " Negative - - - - -	<u>634</u>
" " " Positive - - - - -	<u>217</u>

The ratio of positive Lassermanns is 25 per cent.

VIII. Interpretation of results of Lassermann survey

It will be noted, from the table on page 5, that in a total of 70,000 serological examinations in a group of unselected Negroes of all ages and in both sexes, some 6,149 or 90 per cent of the total showed a positive serology. The highest per cent of positives was in the Alabama group, on the basis of 2,515 examinations where the rate was 85 per cent for the positives. Georgia came next

with a positive rate of 56 per cent on the basis of 5,775 reports. Mississippi was third, with a positive rate of 50 per cent in 8,752 examinations. In North Carolina, on the basis of 10,196 examinations, only 18 per cent were reported as positive. The Tennessee group will not be considered further because the work has just started.

One's attention is immediately directed to the great differences in the positive percentages. Why should a county in Alabama show 55 per cent positive and another county in North Carolina only 18 per cent? At this time we cannot offer any convincing evidence as to why this should be. What evidence is available is so conflicting in character that no definite conclusions can be drawn.

All cases in the age groups 0 - 14 years are considered heredo-syphilis, above that acquired syphilis. The highest rates are in the age group 15-19, with 32 per cent as the peak for the male, and the age group 50-54, with 34 per cent as the peak for the female. After the 40th year the general trend is downwards, since the Wassermann after a time becomes negative, with or without treatment, and cardio-vascular syphilis begins to develop. The female rate is higher probably because there are few initial chancre; most chancre are on the cervix and the female is unaware of her infection. The male will be more likely to know of his infection because of the penile location and seek treatment.

VIII. Under 14 Years of Age

(1) Mississippi

In this group of 73,021 Wassermanns, 8,143 positive cases were uncovered. Of the 8,143 positives, 1,853 were found in five

different counties in Mississippi. Of this number 1,853 cases were turned over to private physicians or local health officers for treatment. Six hundred six cases were treated in the Mississippi Demonstration project.

Of the 1,853 cases uncovered 408 positive cases were uncovered in one county, of which 10 per cent took treatment from the local health officer. Others were treated by private physicians but there are no records available as to how much treatment these cases received.

Of the 606 cases treated at the Scott demonstration from October first, 1949 to October first, 1950 with neo and mercury, the records show that 5,774 doses of neo and 54,424 doses of mercury were administered. This gives an average for each patient of 10 doses of neo and 87 doses of mercury. Comparing the amount of treatment which the average patient received in this demonstration with that he would be able to pay for or actually receive from a private physician, we feel this is an exceptionally good record.

A Wassermann re-survey is not being undertaken to determine what serological changes have taken place in the cases treated. Up to date 100 patients have been rechecked and the records show that 72 per cent of the cases who started with a positive reaction are now negative. There were 12 deaths during the year in this group. In these 12 deaths, 4 occurred from causes remote from syphilis or the treatment. In 7 cases, death was caused by cardio-vascular syphilis and in one case only treatment may have been a contributing factor in the death.

(1) Alabama

In the Alabama demonstration there were 3,634 Wassermanns taken, of which 1,474 were positive. There were 73 cases who did not report for the physical examination and 181 cases who did not report for treatment after the examination was completed.

This demonstration has made an exceptionally good showing. Some 447 patients, or 47 per cent, received the maximum amount of treatment of 12 doses neo and 43 per cent received an average of ten doses. The remaining 7 per cent received an average of 5 doses. There were four deaths, but in only one case treatment may have been a contributing factor. Wassermann rechecks are now being made.

(2) Georgia

In the Georgia county demonstration, there were 5,665 Wassermanns taken, of which 1,403 were reported as positive. There were 707 patients who did not return for the physical examination and 37 cases did not return for treatment after the physical examination had been completed and the history taken. Of the 1,368 patients who started the course of treatment, 775 were treated with neo and mercury and 584 patients received some other form of treatment for syphilis.

Up to date these patients have received an average of 6 doses of neo and 43 doses of mercury and the demonstration has been under way approximately five months. There were five deaths occurring in this group under treatment. In four of these deaths treatment was not a factor. In one death arsenic therapy may have been a factor. Wassermann recheck reports are not available at this time.

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(4) North Carolina

In the North Carolina county there were 10,183 Lassermann's test, of which 1,801 were positive. Ninety of these cases did not report for examination and 34 others did not return for any treatment after the examination had been completed. Treatment was started on 1,070 cases, of which 527 received arsenic and mercury and 242 received other treatment for syphilis. Up to date these patients have received an average of 7 doses of neo and 16 doses of mercury, after 4 months of treatment.

Two deaths were reported in this group, but since neither of these cases received any treatment at the clinics and death was due to other causes they will not be discussed.

(5) Tennessee

The work in Tennessee was just started October first and it is too early to have any data on this project.

IX. Summary

First: The object of this paper is explained.

Second: The method of procedure is outlined.

Third: Results of Lassermann surveys are shown.

Fourth: Results of treatment are reported.

X. Conclusion

1st. The data presented show that in from 10 per cent to 75 per cent of a selected group of the Negro population in several different counties and 8 different states in the South syphilis is a major problem in public health. The end results of syphilis as an economic problem are too well known to require further discussion.

2nd. The Lassermann survey, as outlined in this paper, is practicable and can be accomplished with the usual type of personnel found in county health units in the Southern states.

3rd. The treatment of those cases in the field is practicable and is the best method, in our experience, of controlling the disease.

4th. We believe that every county health officer can, with the help of additional funds and personnel, do much toward controlling the disease in his community.

5th. In dealing with the disease syphilis the health officer occupies an advantageous position.

a - because the diagnosis may be established on a recognized laboratory procedure.

b - He has at his command certain therapeutic agents of proven value;

c - These agents can be administered without any special training or cumbersome apparatus;

d - last, which is most important, the majority of these patients will cooperate.

6th. This plan, as outlined, is based on the fundamental principles of public health and preventive medicine.

a - We discover the extent of the problem by a Lassermann survey at the same time, uncover the "carrier," if such a term may be used, or the so-called infectious group.

b - By treating these cases we render the infectious cases non-infectious which prevents some new cases in the community, lowers the infant death rate and at the same time arrests the progress of the

disclose so that many of the patients may not, at a later date, become a burden on the community or state.

c - The statistical data collected in such studies are of great importance and the clinics offer an opportunity for the training of medical practitioners in the community.

c - The incidence of syphilis as shown by these surveys is certainly greater than small pox, typhoid, diphtheria and many other diseases, the control of which comprise a large part of the health officer's duties. Since the general practitioner is not concerned particularly with the problems of preventive medicine on a large scale as the health officer is, we can hardly expect any decrease in the incidence of syphilis if the matter is left in the hands of the private physician alone.

Whatever progress has been made in the mass control of such diseases as small pox, typhoid, diphtheria, malaria, pellagra, etc. has been done by the health units in the community. We believe the application of the same principles must be followed if we are to control syphilis. We must have the support of the local medical profession as we do in all public health movements, but any syphilis control measures that are adopted should be made a part of the regular county health unit program.

c - We believe that the control of syphilis in a community is just as much a liability to part of a health officer's duties as the control of small pox, typhoid, diphtheria, malaria, or any other infectious or contagious disease.

f - Since we know that syphilis is not limited to the Negro group, it might be interesting to find some county in which a parallel study of the white population could be made.

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Memorandum to be attached to Dr. Weller's suggestion for his
column on Hygiene, Administration and Negroes.

This suggestion of Weller's seems to me all right. There should be a little more detail perhaps, making it one and a half instead of two-thirds of a page. The expansion might do well with a description of the places in which the studies were made. Possibly it would be well to put in final or civilian, Austin, that the 1,000 cases mentioned were taken, etc.

About November 15 HU is to write Dr. Weller asking him if he knows when the article will be published. If he does not know will be please let her know as soon as he does learn that fact.

ASDR:EU
November 10, 1953

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Probably the most important and most widely discussed paper read before the Southern Medical Society was a paper by Dr. O. C. Winger, a surgeon in charge of the U. S. Public Health Service Syphilis Clinic at Hot Springs, Arkansas, and recently published in the Journal of this Society.

The public health section of this Society comprises most of the leading state and county health officers in the South and can be expected to largely determine the character of the public health programs in this section of the country.

The paper which was jointly prepared by Dr. Winger and Dr. A. A. Ricks, consulting Epidemiologist of the Mississippi State Board of Health, reported the results of a series of Wassermann survey groups of Negroes in selected counties of five of the southern states. The conclusions reached by the authors were:

1. On the basis of the data presented, syphilis is a major health problem in the rural sections of the South.
2. Organized measures for its control are possible, and results can be expected to follow their application to large groups.
3. The range of positive reactions in the Negro groups were from 12-38 per cent. Further studies are needed to determine the probable cause of the wide spread.
4. It would be of interest to have parallel studies made of comparable white groups in view of the known fact that syphilis is present to an unknown extent in all racial groups.

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UNIFORMED PRACTICAL WORKERS TO CONTROL SYPHILIS
IN RURAL AREAS

Chicago, Nov. ____ (By The Associated Negro Press) Considerable interest has been shown in and importance attached to the program being conducted in six southern states for the cure and control of Syphilis by the United States Public Health Service with the co-operation of the Rosenwald Fund.

The report from Mississippi, which was the first state in which the work was carried on, showed that state and county health officers, the large employers of labor and Negroes have each made sacrifices to insure the success of the demonstration and to prove that the difficulties in securing adequate treatment for Syphilis, among Negroes, can be overcome provided public authorities are interested and funds are available. That the Negro workers were interested in this important public health question was indicated in the large number of individuals who returned for succeeding treatments.

The program was launched when it was realized that the actual facts on the prevalence of syphilis were scant. An opinion expressed by Dr. Paul S. Carey, member of the Field Staff International Health Division of the Rockefeller Foundation, who has studied the problem, was "The prevalence of syphilis in apparently healthy Negroes is a subject on which there is little precise information. Estimates as to the infection rate in this race vary widely. No large series of accurately studied cases has been reported."

The opinion was confirmed by other health authorities and six southern areas, including Mississippi, Alabama, Georgia, Tennessee, and North Carolina, were selected for the experiment. Opportunities for blood tests for syphilis were offered to the population and facilities for free medical treatment furnished for at least one year. Careful records will be kept. It is estimated that the cost of the experiment will be less than \$100,000 of which half will be contributed by the Rosenwald Fund and half by states and localities in which the work is carried on.

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"He has been much gratified and pleased with the results obtained by Dr. Davis and the plan is for him to attend the Government Clinic. I am glad he will have this opportunity to go there for observation and further training, and I am sure that his services will be of larger value to his people and to the county and state."

The Hot Springs Clinic is conducted annually and during the past years, according to reports, a large number of Negro physicians have availed themselves of the opportunities offered. It is hoped and believed that a larger number will attend this year, especially from Southern States.

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UNPRECEDENTED PRACTICAL EFFORTS TO CONTROL SYPHILIS
IN RUSTLE FIELDS

Chicago, Nov. ____ (By The Associated Negro Press) Considerable interest has been shown in and support has attached to the program being conducted in six southern states on the eradication and control of Syphilis by the United States Public Health Service with the co-operation of the Rosenwald Fund.

The report from Mississippi, which was the first state in which the work was carried on, showed that state and county health officers, the large employers of labor and Negroes have made great sacrifices to insure the success of the demonstration and to prove that the difficulties in securing adequate treatment for Syphilis, among Negroes, can be overcome provided public authorities are interested and funds are available. That the Negro workers were interested in this important public health question was indicated in the large number of individuals who returned for succeeding treatments.

The program was launched when it was realized that the actual facts on the prevalence of syphilis were scant. An opinion expressed by Dr. Paul S. Garay, member of the Field Staff International Health Division of the Rockefeller Foundation, who has studied the problem, was "The prevalence of syphilis in apparently healthy Negroes is a subject on which there is little precise information. Estimates as to the infection rate in this race vary widely. No large series of accurately studied cases has been reported."

The opinion was confirmed by other health authorities and in southern states, including Mississippi, Alabama, Georgia, Tennessee, and North Carolina, were selected for the experiment. Committees for local taxes for syphilis were formed to the population and facilities for good medical treatment furnished for at least one year. Current rates do will be kept. It is estimated that the cost of the experiment will be more than \$100,000 of which half will be contributed by the Rosenwald Fund and half by states and localities in which the work is carried on.

The United States Public Health Service is directing the experiment in

co-operation with the State Department of Health of the states concerned and the officers of the counties selected as demonstration areas. Assistant Surgeon General of the United States Public Health Service, Calicferro Clark, who is also Consultant on Negro Health for the Rosenwald Fund, and by Dr. O. C. Wenger, director of the Venereal Disease Clinics operated by the United States Government at Hot Springs, Arkansas, are associated with the studies.

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